

ACCOUNT OWNER SURVIVOR AUTHORIZATION

Account owner: Please use this form to designate one person to assume control of your account in the event of your death (account owner survivor). If you do not designate someone, your student will assume control of the account and become the new account owner. This new account owner survivor will replace all previously named survivors.

Current Account Information

Account Number _____

Account Owner _____

Name _____

SSN or TIN _____

Student Beneficiary _____

Name _____

SSN or TIN _____

Account Owner Survivor Information

Name (First, Middle, Last, Suffix) _____

SSN or TIN **(Required)** _____

Birth Date _____

Street Address/Apartment Number _____

Post Office Box Number _____

City/State/Zip Code _____

Email Address _____

Telephone Numbers _____

Home

Work

Other (Please specify type)

☐ Please check here if you would like to authorize this person to receive verbal information about your account.

Account Owner's Signature - Required

Only the account owner may authorize changes to this account.

In the event of my death, I want to transfer all of the Master Agreement rights and responsibilities of my Guaranteed Education Tuition account to the account owner survivor designated above.

Account Owner's Signature _____

Date _____

Send to: Guaranteed Education Tuition, P.O. Box 43450, Olympia, WA 98504-3450 or 360-704-6200 (Fax)

Questions: GETInfo@hecb.wa.gov or 1-800-955-2318